

Probate Intake Questionnaire

DECEDENT

Name _____ Social Security Number _____
Address _____ Date Residence Established _____
_____ Marital Status at Death _____
Date of Birth _____ Date of Death _____
Age at Death _____ Place of Death _____

Occupation and Employers (name, address, dates of employment)

Please mark any benefits received by the decedent or the surviving spouse:

- | | |
|--|--|
| <input type="checkbox"/> Veteran Benefits | <input type="checkbox"/> Social Security Benefits, please specify:
_____ |
| <input type="checkbox"/> Medical Assistance/ Medical | <input type="checkbox"/> Family Care and/ or Partnership Benefits
through a Managed Care Organization
(MCO/ CMO) |
| <input type="checkbox"/> Wisconsin Chronic Disease Program | <input type="checkbox"/> A patient or inmate of a state or county
hospital or institution |

Summarize all employee death benefits:

WILL AND CODICILS

Please provide the original will and any codicils or tangible personal property memorandums.

Proposed Personal Representative:

Name _____

Address _____

Telephone number _____

Email _____

Preferred Method of Contact? _____

Relationship to Decedent _____

Alternate Personal Representative:

Name _____

Address _____

Telephone number _____

Email _____

Preferred Method of Contact? _____

Relationship to Decedent _____

TRUSTS

*Please provide a copy of any trust agreements established by the decedent or for which the decedent was a beneficiary, excluding any trusts established as part of the decedent's will.

Trust Established by Decedent:

Trust Name _____

Date of Creation _____

Employer Identification No. (EIN) _____

Trustee Name _____

Address _____

Telephone Number _____

Trust for which Decedent was Beneficiary:

Trust Name _____

Date of Creation _____

Employer Identification No. (EIN) _____

Nature of Decedent's Interest _____

Trustee Name _____

Address _____

Telephone Number _____

SURVIVING SPOUSE

Name _____ Social Security Number _____
Address _____ Telephone Number _____
_____ Date of Marriage _____
Date of Birth _____ Citizenship _____

Places and periods during which marital domicile was outside of Wisconsin: _____

PRIOR MARRIAGE

*Please provide a copy of any marital settlement agreements, divorce decrees or any other documents that may affect your estate plan.

To Whom _____ How and When Ended _____

HEIRS AND BENEFICIARIES

Surviving Children:

Name _____	Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
_____	_____

Are these children also children of the surviving spouse? Yes No

If not, please provide details: _____

Grandchildren:

Parent _____

Parent _____

Child's Name _____

Child's Name _____

Address _____

Address _____

Date of Birth _____

Date of Birth _____

Parent _____

Parent _____

Child's Name _____

Child's Name _____

Address _____

Address _____

Date of Birth _____

Date of Birth _____

Deceased Children:

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Address _____

Address _____

Issue of Deceased Child(ren):

Parent _____

Parent _____

Child's Name _____

Child's Name _____

Address _____

Address _____

Date of Birth _____

Date of Birth _____

Surviving Parent: (required only if decedent is not survived by a spouse, children or grandchildren)

Name(s) _____

Address _____

Surviving Siblings: (required if decedent is not survived by a spouse, children, grandchildren, or parents)

Name _____

Name _____

Address _____

Address _____

Deceased Siblings: (required if decedent is not survived by a spouse, children, grandchildren, or parents)

Name _____

Name _____

Address _____

Address _____

Issue of Deceased Siblings: (required if decedent is not survived by a spouse, children, grandchildren, or parents)

Parent _____

Parent _____

Child's Name _____

Child's Name _____

Address _____

Address _____

Date of Birth _____

Date of Birth _____

Beneficiaries Under Decedent's Will or Trust: (do not list persons already listed above)

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Address _____

Address _____

Name _____	Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
_____	_____

Are any heirs or beneficiaries listed above incompetent persons or receiving public benefits? If so, please provide details: _____

Did any heirs die within 120 hours (5 days) o the decedent? _____

ASSETS

*Please provide a copy o any marital property agreement or unilateral income election.

Real Estate:

How Title Held	When and How Acquired	Value (less Mortgage)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Securities:

How Title Held	When and How Acquired	Value	Beneficiary Designation
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Cash, CD's, Other Bank/ Money Market Accounts:

How Title Held	When and How Acquired	Value	Beneficiary Designation
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Personal Property, Autos, etc.:

How Title Held	When and How Acquired	Value	Beneficiary Designation
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Collectibles and Antiques:

How Title Held	When and How Acquired	Value	Beneficiary Designation
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Life Insurance:

Company Name	Type of Policy	Whose Life Insured	Beneficiary	Face Amount/ Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Retirement Plans: (HR-10, IRAs, 401(k), 403(b), and other Pension/ Profit Sharing Plans)

Company Name	Type of Plan	Title Holder	Beneficiary	Value	When Acquired
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

DEBITS (Other than mortgage shown above in connection with assets)

Creditor	Is Debt Secured by a Lien?	On What Property?	Amount
_____	Yes / No	_____	\$ _____
_____	Yes / No	_____	\$ _____